

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

**101593640**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		3					54						
5	1						55						
6		1					56						
7							57						
8		1					58						
9	1						59						
10		1					60						
11	1						61						
12		3					62						
13		3					63						
14	1						64						
15		1					65						
16	1						66						
17		1					67						
18	1						68						
19		1					69						
20	1						70						
21		1					71						
22	1						72						
23		1					73						
24	1						74						
25		1					75						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	6	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	12						TOTAL CLAIMS						